



Retail Food Establishment Inspection Report part I

As Governed by Title 50, Chapter 50 Montana Code Annotated (MCA) and the Administrative Rules of Montana (ARM); Title 37, Chapter 110, Subchapter 2

Establishment Pizza Hut		No. of Risk Factor/Intervention Violations 0	Date 4-22-19
Address W. Plaza Shopping Center		No. of Repeat Risk Factor/Intervention Violations 0	Time In 2:35P
City Glendive	County: Dawson	Water: <input checked="" type="radio"/> City Private Public PWS# 229	Time Out 3:02P
Licensee: American Pizza	Email: RS00083366@pizza-hut.com	Wastewater: <input checked="" type="radio"/> City Private Public MPDSS# 21733	Risk Category
License # F (FL) 7159	License Subtype(s): EE	Current water test Y/N	1 2 3 4
Purpose of Inspection: Regular <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Pre-opening <input type="checkbox"/> Complaint <input type="checkbox"/> Illness <input type="checkbox"/> HACCP <input type="checkbox"/> Investigation <input type="checkbox"/> Other <input type="checkbox"/>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable
 Mark "X" in appropriate box for COS and/or R
 COS=corrected on-site during inspection R=repeat violation

Compliance Status		cos	R
SUPERVISION			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	1 Person in charge present, demonstrates knowledge, and performs duties		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA	2 Certified Food Protection Manager		
Employee Health			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	3 Management, food employee and conditional employee, knowledge, responsibilities and reporting.		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	4 Proper use of restriction and exclusion		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	5 Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	6 Proper eating, tasting, drinking, or tobacco use		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	7 No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	8 Hands clean & properly washed		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	9 No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	10 Adequate handwashing sinks properly set up & accessible		
Approved Source			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	11 Food obtained from approved source		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	12 Food received at proper temperature		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	13 Food in good condition, safe, & unadulterated		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	14 Required records available: shellstock tags, parasite destruction		
Protection from Contamination Arm			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	15 Food separated & protected		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	16 Food-contact surfaces: cleaned & sanitized		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	17 Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status		cos	R
Time/Temperature Control for Safety			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	18 Proper cooking time & temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	19 Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	20 Proper cooling time & temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	21 Proper hot holding temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	22 Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	23 Proper date marking & disposition		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	24 Time as a public health control: procedures & records		
Consumer Advisory			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25 Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	26 Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	27 Food additives: approved & properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	28 Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	29 Compliance with variance/specialized process/HACCP		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
 Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R
 COS=corrected on-site during inspection R=repeat violation

Compliance Status		cos	R
Safe Food and Water			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	30 Pasteurized eggs used where required		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	31 Water & ice from approved source		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	32 Variance obtained for specialized processing methods		
Food Temperature Control			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	33 Proper cooling methods used; adequate equipment for temperature control		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	34 Plant food properly cooked for hot holding		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35 Approved thawing methods used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	36 Thermometers provided & accurate		
Food Identification			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	37 Food properly labeled; original container		
Prevention of Food Contamination			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	38 Insects, rodents, & animals not present		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	39 Contamination prevented during food preparation, storage & display		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	40 Personal cleanliness		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	41 Wiping cloths: properly used & stored		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	42 Washing fruits & vegetables		
Proper Use of Utensils			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	43 In-use utensils: properly stored		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	44 Utensils, equipment & linens: properly stored, dried, & handled		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	45 Single-use/single-service articles: properly stored & used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	46 Gloves used properly		
Utensils, Equipment and Vending			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	47 Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	48 Warewashing facilities: installed, maintained, & used; test strips		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	49 Non-food contact surfaces clean		
Physical Facilities			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	50 Hot & cold water available; adequate pressure		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	51 Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	52 Sewage & waste water properly disposed		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	53 Toilet facilities: properly constructed, supplied, & cleaned		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	54 Garbage & refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	55 Physical facilities installed, maintained, & clean		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	56 Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) *Talitha Olson* Date: **4-22-19**
 Inspector (Signature) *Kevin Peira, R.S.*
 Follow-up: YES NO (Circle one) Follow-up Date: _____

